

Change Account Owner Form

Important information about this form:

- Fill out this form to change the Account Owner from the DreamAhead account.
- Please fill out a Manage Bank Account Form if you need to update the banking information connected to the DreamAhead account because of an Account Owner change.
- A notarization acknowledgement (Step 8) is required to change the Account Owner.
- If the resigning Account Owner is deceased:
 - You must submit a certified copy of a Death Certificate, the original Certificate of Domicile, and Letter of Testamentary to the individual providing a notarization acknowledgement.
 - Please submit copies of the Death Certificate, Certificate of Domicile, and the Letter of Testamentary with this form.
- A new account number will be assigned to the DreamAhead account if you are changing the Account Owner.
- Use black ink to type or print clearly, and do not staple the sheets together.

Need help?

Give us a call Monday – Friday from 6am – 5pm PT at 1-844-529-5845

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

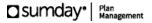
Mail the form to:

DreamAhead College Investment Plan P.O. Box 9661 Providence, RI 02940-9661

Overnight Mail:

DreamAhead College Investment Plan 4400 Computer Drive Westborough, MA 01581

	Resigning Account Owner's information Please provide the resigning Account Owner's information.					
	Name of resigning Account Owner (First and last)					
	/ /					





Rea	son for change
(Sele	ect one)
	Divorce decree of resigning Account Owner
	Death or incapacitation of resigning Account Owner
	Transfer to the designated Beneficiary (For UTMA/UGMA accounts, the Beneficiary must have reached the age of majority*)
	Other:
	v Account Owner information se provide the new Account Owner's information to transfer the ownership of the account.
	are you transferring ownership to? (Select one)
	The Beneficiary (who has reached the age of majority*) (Move on to Step 4)
\bigcirc	An Entity (Please include an Entity Enrollment Form with this form and move on to Step 4)
\bigcirc	Another individual (Fill out the information below)
	e (First and last)
Date	e of birth (mm/dd/yyyy)
How	does the new Account Owner identify? As she Choose not to identify
 Soci	al Security or Taxpayer Identification Number
Tele	phone number

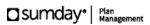
^{*} The age of majority for most states is 18, with the following exceptions: Alabama (19), Mississippi (21), Nebraska (19).





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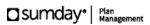
Street addres City	s 1		Street add	dress 2 — — — — ZIP Code	
Residential a No P.O. boxes	ddress are accepted for a	residential address.			
Child	Spouse	Grandchild		ther relative	Non-relative
Relationship	of the new Account	Owner to the resignin	a Account (Owner	
continued from	1 page 2				







4	Work information					
	Providing employment information will help us understand how the acco					g funded.
	What is the new Account Owner's work status? (Select one)					
	Employed Self-Employed Retired or Not Working					
	L - ₁		L			
				ı		
*			,	+		
A	What's the new Account Owner's	-	pation (Select one)	В		se choose all of the new ount Owner's sources of
	Answer if employed or self-emplo	yed:				me (Select all that apply)
	Accounting/Auditing	\bigcirc	Hospitality/Food		Ansv	wer if retired or not working:
	Admin/Clerical		Independent Investor		\bigcirc	Retirement Savings
	Art/Antiques Dealer		Information Technology		\bigcirc	Spousal Support
	Banking Professional		Insurance		\bigcirc	Social Security or Pension
	Car/Boat/Airplane Dealer		Legal Services		\bigcirc	Other Government Services
	Casino/Gaming		Manufacturing/Production		\bigcirc	Other:
	Construction/Skilled Trade		Nonprofit Executive			
	Creative/Design/ Architectural		Operations			(Please write in all other sources)
	Defense/Military		Other:			
	Editorial/Writing/Publishing		(Please write in your			
	Education		occupation)			
	Elected Official/Embassy	\bigcirc	Public Service			
	Engineering/Science/R&D		Retail/Sales/Real Estate			
	Entertainment/Sports/Arts		Student			
	Financial Services		Transportation/ Warehousing			
	Health Care Professional		, and the second			
				1		





	mmunication preferences				
	. boxes are accepted for a mailing address.				
	Use the new Account Owner's residential (Leave address information below blank)				
Street address 1		Street address 2			
City	1	State			
Cho	pose how you want to receive statements				
Cho		and tax forms for all on and quarterly state	the accounts you manage (Select one ements by email		
Cho	Send digital tax forms, account information (Please answer Step 5A below) Send digital quarterly statements and account information (Please answer Step 5A below)	and tax forms for all on and quarterly state count information by countinformation by countinformation and tax forms	the accounts you manage (Select one ements by email email, but send tax forms by U.S. mail		
Cho	Send digital tax forms, account information (Please answer Step 5A below) Send digital quarterly statements and account (Please answer Step 5A below) Send digital quarterly statements and account (Please answer Step 5A below)	and tax forms for all on and quarterly state count information by counting and tax forms bunt, per year)	the accounts you manage (Select one ements by email email, but send tax forms by U.S. mail		

 $^{^{\}star}$ All documents sent by U.S. mail will be mailed to the account's mailing address.







Verify Account Owner's identity

The new Account Owner must provide identification to prove their identity.

How to provide identification

Acceptable ID Documentation

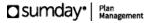
Option A

Include a copy of a Department of Motor Vehicles State ID

Option B

Include a copy of both your Social Security card and your birth certificate

To help the government fight the funding of terrorism and money laundering, federal law requires us to obtain certain personal information: your name, address, date of birth, and Social Security number or taxpayer identification number and other information that will allow us to verify your identity. If we are unable to verify your identity, we may have to close your account or take other steps we think are necessary.





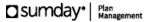


Sign the form

By signing this form, you're confirming the information you've provided is true for the change of the Account Owner.

- I have received, read and understand the Program Details Booklet.
- If the resigning Account Owner is deceased, I will submit a copy of a Death Certificate, Certificate of Domicile, and Letter of Testamentary with this form instead of a signature.
- By signing below, I am agreeing to the terms and conditions set forth below and in the Program Details
 Booklet. I understand and agree that those documents govern all aspects of this account and are
 incorporated herein by reference.
- I will retain a copy of the **Program Details Booklet** for my records. I understand that the DreamAhead College Investment Plan may, from time to time, amend the **Program Details Booklet**, and I understand and agree that I will be subject to the terms of those amendments.
- I certify that all of the information provided by me on this **Change Account Owner Form** is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this account based upon this information.
- I understand that at any time the value of any account(s) to which I make contributions may be more or less than the amounts I contributed to such account(s).
- I understand that the Plan may, from time to time, amend the **Program Details Booklet** and I understand and agree that I will be subject to the terms of those amendments.

Signature of resigning Account Owner (unless deceased)	Date (mm/dd/yyyy)
Signature of new Account Owner	Date (mm/dd/yyyy)







Notarization acknowledgement

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

Only sign if you are in the presence of a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this day ofMonth	, 20 Year
Signature of resigning Account Owner (unless deceased)	
State of Washington, County of	
This instrument was acknowledged before me	
physical presence online notarization	Notary Public (Seal)
on Date (mm/dd/yyyy)	
by	
My term expires:	
Date (mm/dd/yyyy)	
Signature of Notary Public	

